

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: Lindran Properties, LLC (Shoreline)

CASE NO. 20-02834

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending February 29, 2020, 20 20

BEGINNING BALANCE IN ALL ACCOUNTS \$ 21.53

RECEIPTS:

1. Receipts from operations \$ 0.00  
2. Other Receipts \$ 0.00

DISBURSEMENTS:

3. Net payroll:  
a. Officers \$ 0.00  
b. Others \$ 0.00

4. Taxes  
a. Federal Income Taxes \$ 0.00  
b. FICA withholdings \$ 0.00  
c. Employee's withholdings \$ 0.00  
d. Employer's FICA \$ 0.00  
e. Federal Unemployment Taxes \$ 0.00  
f. State Income Tax \$ 0.00  
g. State Employee withholdings \$ 0.00  
h. All other state taxes \$ 0.00

5. Necessary expenses:  
a. Rent or mortgage payments(s) \$ 0.00  
b. Utilities \$ 0.00  
c. Insurance \$ 0.00  
d. Merchandise bought for manufacture or sale \$ 0.00  
e. Other necessary expenses (specify) \$ 0.00  
\$ 0.00  
\$ 0.00

TOTAL DISBURSEMENTS \$ 0.00

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ 0.00

ENDING BALANCE IN 5/3 Bank -2907 \$ 0.00  
(Name of Bank)

ENDING BALANCE IN 5/3 Bank -9468 \$ 21.53  
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS \$ 21.53

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RECEIPTS LISTING

FOR MONTH ENDING February 29, 2020

Bank: \_\_\_\_\_

Location: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

DATE RECEIVED

DESCRIPTION

AMOUNT

N/A

TOTAL: \_\_\_\_\_

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

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Lindran Properties, LLC (Shoreline) 20-02834

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

DISBURSEMENT LISTING

FOR MONTH ENDING \_\_\_\_\_, 20\_\_

Bank: \_\_\_\_\_

Location: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

<u>DATE DISBURSED</u>	<u>CHECK NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
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N/A

TOTAL: \_\_\_\_\_

You must create a separate list for each bank account from which disbursements were made during the month.

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FOR MONTH ENDING February 29, 2020

STATEMENT OF INVENTORY

Beginning inventory	\$ _____
Add: purchases	\$ _____
Less: goods sold (cost basis)	\$ _____
Ending inventory	\$ _____

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ _____
Payroll taxes due but unpaid	\$ _____

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

<u>Name of Creditor/ Lessor</u>	<u>Date regular payment is due</u>	<u>Amount of Regular Payment</u>	<u>Number of Payments Delinquent*</u>	<u>Amount of Payments Delinquent*</u>
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\* Include only post-petition payments.

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FOR MONTH ENDING February 29, 2020

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance	\$	_____		
Add: sales on account	\$	_____		
Less: collections	\$	_____		
End of month balance	\$	_____		
<u>0-30</u> <u>Days</u>	<u>31-60</u> <u>Days</u>	<u>61-90</u> <u>Days</u>	<u>Over 90</u> <u>Days</u>	<u>End of Month</u> <u>TOTAL</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance	\$	_____		
Add: credit extended	\$	_____		
Less: payments of account	\$	_____		
End of month balance	\$	_____		
<u>0-30</u> <u>Days</u>	<u>31-60</u> <u>Days</u>	<u>61-90</u> <u>Days</u>	<u>Over 90</u> <u>Days</u>	<u>End of Month</u> <u>TOTAL</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE  
SCHEDULE AND FILE WITH THIS REPORT

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TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- |    |                             |         |        |
|----|-----------------------------|---------|--------|
| 1. | Federal Income Taxes        | Yes ( ) | No ( ) |
| 2. | FICA withholdings           | Yes ( ) | No ( ) |
| 3. | Employee's withholdings     | Yes ( ) | No ( ) |
| 4. | Employer's FICA             | Yes ( ) | No ( ) |
| 5. | Federal Unemployment Taxes  | Yes ( ) | No ( ) |
| 6. | State Income Tax            | Yes ( ) | No ( ) |
| 7. | State Employee withholdings | Yes ( ) | No ( ) |
| 8. | All other state taxes       | Yes ( ) | No ( ) |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

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**DECLARATION UNDER PENALTY OF PERJURY**

I, Andrew Belew, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

*Andrew Belew*

For the Debtor In Possession (Trustee)

Print or type name and capacity of  
person signing this Declaration:

Andrew Belew, President and Chairman of Better Housing

Foundation, Inc., the sole member and manager of the Debtor

DATED: 4/29/2020